

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2019 - 328 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: LaHartha Phelps

Telephone: 803-888-0482

Address: 305 Old Brass Drive

Fax: N/a


Columbia, SC 29229

Other: N/a

Email: rettap6@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other:  |

RECEIVED
OCT 15 2019
PSC SC
CLEARING OFFICE

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER**

CLASS C - NON-EMERGENCY

Date: 10/03/2019

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

Transportation Services, LLC

1.

Camryn's Village, ~~Inc~~

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

136-4 Forum Drive, Columbia, SC 29229

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

803-973-0140

Phone

803-973-0140

Fax

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	<input type="text" value="0"/>	Mortgage/Loan on Real Estate	<input type="text" value="0"/>
Value of Motor Vehicles	<input type="text" value="0"/>	Loans Owed on Motor Vehicles	<input type="text" value="0"/>
Cash on Hand	<input type="text" value="0"/>	Business/Other Loans Owed	<input type="text" value="0"/>
Cash in Bank	<input type="text" value="0"/>	Other Liabilities or Debts	<input type="text" value="0"/>
Value of Other Assets and Equipment	<input type="text" value="2,000"/>	Total Liabilities	<input type="text" value="0.00"/>
Total Assets	<input type="text" value="2,000"/>		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

Weekday Business Hours:

Ambulatory: \$15 per 30 minutes then additonal \$1 per mile

Wheelchair: \$20 per 30 minutes then \$2 per mile

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

<input type="checkbox"/> Abbeville	<input type="checkbox"/> Cherokee	<input type="checkbox"/> Florence	<input type="checkbox"/> Lee	<input type="checkbox"/> Saluda
<input type="checkbox"/> Aiken	<input type="checkbox"/> Chester	<input type="checkbox"/> Georgetown	<input checked="" type="checkbox"/> Lexington	<input type="checkbox"/> Spartanburg
<input type="checkbox"/> Allendale	<input type="checkbox"/> Chesterfield	<input type="checkbox"/> Greenville	<input type="checkbox"/> Marion	<input type="checkbox"/> Sumter
<input type="checkbox"/> Anderson	<input type="checkbox"/> Clarendon	<input type="checkbox"/> Greenwood	<input type="checkbox"/> Marlboro	<input type="checkbox"/> Union
<input type="checkbox"/> Bamberg	<input type="checkbox"/> Colleton	<input type="checkbox"/> Hampton	<input type="checkbox"/> McCormick	<input type="checkbox"/> Williamsburg
<input type="checkbox"/> Barnwell	<input type="checkbox"/> Darlington	<input type="checkbox"/> Horry	<input type="checkbox"/> Newberry	<input type="checkbox"/> York
<input type="checkbox"/> Beaufort	<input type="checkbox"/> Dillon	<input type="checkbox"/> Jasper	<input type="checkbox"/> Oconee	
<input type="checkbox"/> Berkeley	<input type="checkbox"/> Dorchester	<input type="checkbox"/> Kershaw	<input type="checkbox"/> Orangeburg	<input checked="" type="checkbox"/> Statewide
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Edgefield	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Pickens	
<input type="checkbox"/> Charleston	<input type="checkbox"/> Fairfield	<input type="checkbox"/> Laurens	<input checked="" type="checkbox"/> Richland	

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☐ 1-7 Passengers, including driver
- ☒ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
		TBD		

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE

The following insurance quote is for:

LaHartha Phelps

Name of Applicant

305 Old Brass Drive

Address of Applicant

Amount of Premium:

Liability Insurance \$ 953.19

The above quoted premium is for a term of 6 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurance	\$ 1,000,000	50/100/50
Medical Payments per Person	\$ 1,000	

State Farm

Name of Insurance Company

1821 Clemson Road, Ste 1, Columbia, SC 29229

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

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Commercial Auto Insurance Quote

Quote #: C19JK36064

Name: Lahartha Phelps

Location: SC, 29229

To purchase this policy, please select the BUY NOW button, or call (866) 509-9444
(tel: +18665099444). Reference # C19JK36064.

Start Your Insurance Policy Today For

\$155.63

Plus 10 Monthly Payments of \$110.44 Each
 12 Month Total Policy Premium : \$1,205.00



Your Quote

The below coverages apply across all vehicles.

For Others

The coverages below pay out to other parties if the accident is your fault.

Bodily Injury Liability (BI) ?

\$100,000/\$300,000

Property Damage Liability (PD) ?

\$100,000

For You

The below coverages pay out to you if you are in an accident.

Uninsured Motorist Bodily Injury (UMBI) ?

\$155.63

BUY NOW \$100,000/\$300,000

Quote Total Premium

Down Payment

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DHEC - RadHealth 8035454412

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Uninsured Motorist Property Damage (UMPD)**\$100,000**

?

Underinsured Motorist Bodily Injury (UIMBI) ?**\$100,000 / \$300,000****Underinsured Motorist Property Damage (UIMPD) ?****\$100,000****Medical Payment (MED) ?****Not Included**

Your Vehicle Coverage

These coverages are specific to each vehicle.

Comprehensive and Collision Deductible

2010 CHRYSLER TOWN & COUNTRY**Not Included**

Towing and Labor Package

2010 CHRYSLER TOWN & COUNTRY**Not Included**

Rental Reimbursement (RR)

2010 CHRYSLER TOWN & COUNTRY**Not Included**

Disclaimer

We rely on your accurate statements to provide you with a quote. However, we will verify your information through motor vehicle and claim reports, if you decide to purchase a policy from us.

If you pay premium in installments, each installment may be subject to an additional fee.

Additional limits may be available. If you need a quote for a limit not shown, please call us.

Your **\$1,205.00**

\$155.63

Quote Total Premium

Down Payment

BUY NOW

Oct/14/2019 2:45:49 PM

DHEC - RadHealth 8035454412

4/4

Coverage is subject to the terms, limits and conditions of the policy contract.

Please note that Cargo Coverage is not available with this quote.

ACCEPTED FOR PROCESSING - 2019 October 15 11:46 AM - SCPSC - 2019-328-T - Page 9 of 14

Your **\$1,205.00**
Quote Total Premium

\$155.43
Down Payment

BUY NOW

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY
AUTO RATE QUOTE

September 30, 2019

PREPARED ESPECIALLY FOR:

PREPARED BY:

PHELPS, LAHARTHA
229 WHIXLEY LN
COLUMBIA, SC 29223-4096

JAMES W. TANNER
1821 Clemson Rd, Ste 1
COLUMBIA, SC
29229
(803) 865-7800

H: (803) 665-7379

INITIALS: LMC

VEHICLE #1
MODEL YEAR: 2010
VEH. DESC: CHRYSLER TOWN AND COU

TERRITORY: 002 USE: Pleasure/Work/School
PRIN OPER: LAHARTHA
COMPREHENSIVE RATING GROUP: 20
COLLISION RATING GROUP: 18
LIABILITY RATING GROUP: 5

QUOTE EFF: September 30, 2019
RATES EFF: March 18, 2019

POLICY COVERAGES AS FOLLOWS:

	LIMITS	SEMI-ANNUAL PREMIUM
AUTOMOBILE LIABILITY	50/100/50	\$495.38
COMPREHENSIVE \$500 DEDUCTIBLE	ACV	\$140.26
COLLISION \$500 DEDUCTIBLE	ACV	\$229.50
EMERGENCY ROAD SERVICE		\$4.37
R1 CAR RENTAL/TRAVEL EXPENSES	80%/DAY, \$500 MAX	\$9.51
UNINSURED MOTOR VEHICLE	50/100/50	\$17.25
UNDERINSURED MOTOR VEHICLE	50/100/50	\$57.19
TOTAL OF 6 MONTH PREMIUM		\$953.46
MONTHLY PREMIUM (SERVICE CHARGE NOT INCLUDED)		\$158.91
APPLICABLE DISCOUNTS:		
MULTI-CAR DISCOUNT		
VEHICLE SAFETY		
ANNUAL MILEAGE		

This example of some of the available coverages and limits is not a contract, binder, or recommendation of coverage. All coverages are subject to the terms and conditions contained in the policy and endorsements. Because the rate charged must be in compliance with the Company's rules and rates, rate quotes are subject to revision if different rates are effective at the time of policy issuance. This added vehicle rate quote may be revised if any of the information used for rating is changed. If you have any questions, please contact my office.

Exhibit Fit, Willing, and Able (FWA)

LaHartha Phelps

Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of of business within South Carolina.

☒ Yes ☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes ☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes ☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes ☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes ☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.

~~☐~~ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

LaHarttha Phelps

Applicant's Signature

Owner

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Richland)

SWORN TO BEFORE ME
This 6 day of October, 20 19

Theresa Savarite
Notary Public

Commission Expires 8-29-2026

Print Application

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Camryn's Village Transportation Services, LLC, a limited liability company duly organized under the laws of the State of South Carolina on March 9th, 2019, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 11th day
of March, 2019.


Mark Hammond, Secretary of State